MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FO[redacted] WITH FORM PTO-875)

SERIAL NO. [redacted]/529190

FILING DATE

APPL[redacted](S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		(2)		1		
6		(1)		1		
7	1		1			
8		1		1		
9		1		1		
10		(2)		1		
11		(1)		1		
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	9	←	9	←		←
TOTAL CLAIMS	11		11			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						